

# **EXHIBIT 6**

**In the Matter Of:**

*K.C., ET AL*

-v-

*INDIVIDUAL MEMBERS OF MEDICAL LICENSING BOARD OF INDIANA, ET AL*

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**Elaine Cox, M.D.**

*May 31, 2023*

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<p>1 UNITED STATES DISTRICT COURT 2 SOUTHERN DISTRICT OF INDIANA 3 INDIANAPOLIS DIVISION 4 5 K.C., et al., ) 6 Plaintiffs, ) 7 -v- ) CASE NO. 8 ) 1:23-cv-00595-JPH-KMB 9 THE INDIVIDUAL MEMBERS OF ) 10 THE MEDICAL LICENSING BOARD ) 11 OF INDIANA, in their official ) 12 capacities, et al., ) 13 Defendants. ) 14 15 The 30(b)(6) deposition upon oral examination 16 of RILEY CHILDREN'S HEALTH by ELAINE COX, M.D., a 17 witness produced and remotely sworn before me, 18 Debbi S. Austin, RMR, CRR, Notary Public in and for 19 the County of Hendricks, State of Indiana, taken on 20 behalf of the Defendants via Zoom videoconference on 21 May 31, 2023, at 9:01 a.m., pursuant to the Federal 22 Rules of Civil Procedure. 23 24 STEWART RICHARDSON &amp; ASSOCIATES 25 Registered Professional Reporters (800)869-0873</p>	<p>1 APPEARANCES (CONT'D.) 2 ALSO PRESENT: Alli Emhardt, Assistant General Counsel 3 Indiana University Health 4 Joannie Geuder 5 Mylene Laughlin 6 Andrew Shaw 7 Brandon Splitter 8 Bailey Steinhauer 9 Shay Storz 10 John Vastag 11 Roarke Matchett 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p>1 APPEARANCES 2 (All participants via Zoom videoconference) 3 FOR THE PLAINTIFFS: 4 Kenneth J. Falk, Esq. 5 Gavin M. Rose, Esq. 6 Stevie Pactor, Esq. 7 ACLU OF INDIANA 8 1031 East Washington Street 9 Indianapolis, IN 46202 10 kfalk@aclu-in.org 11 grose@aclu-in.org 12 spactor@aclu-in.org 13 Chase Strangio, Esq. 14 AMERICAN CIVIL LIBERTIES 15 UNION FOUNDATION 16 125 Broad Street 17 New York, NY 10041 18 cstrangio@aclu.org 19 20 FOR THE DEFENDANTS: 21 Thomas M. Fisher, Esq. 22 OFFICE OF THE ATTORNEY GENERAL 23 302 West Washington Street 24 IGCS Fifth Floor 25 Indianapolis, IN 46204 tom.fisher@atg.in.gov 26 27 FOR THE DEPONENT AND INDIANA UNIVERSITY HEALTH: 28 Joshua J. Minkler, Esq. 29 BARNES &amp; THORNBURG LLP 30 11 South Meridian Street 31 Indianapolis, IN 46204 32 josh.minkler@btlaw.com 33 34 35</p>	<p>1 INDEX OF EXAMINATION 2 EXAMINATION PAGE 3 By Mr. Fisher: 6 4 By Mr. Falk: 54 5 6 7 8 9 10 INDEX OF EXHIBITS 11 12 NUMBER DESCRIPTION PAGE 13 Exhibit 1 Subpoena to Testify at a 6 14 Deposition in a Civil Action 15 Exhibit 2 Attachment to Subpoena 7 16 Exhibit 3 Class Action Complaint 8 17 for Declaratory and Injunctive 18 Relief/Notice of Challenge to 19 Constitutionality of Indiana 20 Statute 21 Exhibit 4 Curriculum Vitae 9 22 Exhibit 5 Fertility Preservation 10 23 for Transgender and 24 Gender-Nonbinary People 25 Exhibit 6 Hormone therapy: 14 Testosterone 26 27 Exhibit 7 Is Gender Affirming Care 21 28 Safe &amp; Effective 29 Exhibit 8 Riley Children's Health 24 30 Gender Care Services 31 32 33 34 35</p>

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<p>Page 6</p> <p>1 ELAINE COX, M.D.,</p> <p>2 having been first duly sworn to tell the truth, the</p> <p>3 whole truth, and nothing but the truth, was examined</p> <p>4 and testified as follows:</p> <p>5 EXAMINATION</p> <p>6 BY MR. FISHER:</p> <p>7 Q Good morning, Dr. Cox. My name is Tom Fisher. I'm</p> <p>8 with the Attorney General's Office, and I'll be</p> <p>9 taking your deposition today.</p> <p>10 So we only have a short amount of time. I</p> <p>11 promised your lawyer I would get through this as</p> <p>12 quickly as I can. And I know that, you know, no</p> <p>13 one's really eager to be doing this at 9:00 in the</p> <p>14 morning, but I really appreciate your help and your</p> <p>15 cooperation. So I think we're going to start off</p> <p>16 by identifying a few documents, just because there</p> <p>17 was a production of documents and I want to make</p> <p>18 sure I know what it is that's been produced.</p> <p>19 But first, let's start with Exhibit 1, which</p> <p>20 is going to be – it's a document titled "Subpoena</p> <p>21 to Testify at a Deposition in a Civil Action."</p> <p>22 MR. FISHER: Joannie, do you have that one?</p> <p>23 (Deposition Exhibit 1 marked.)</p> <p>24 Q Doctor, I'm not going to ask detailed questions</p> <p>25 about this document. I just want to know whether</p>	<p>Page 8</p> <p>1 Q Have you – well, I'll just describe what it is,</p> <p>2 and you can kind of hopefully confirm that you have</p> <p>3 the same understanding. So this is a document that</p> <p>4 describes the categories of testimony that we have</p> <p>5 asked IU Health to provide.</p> <p>6 Does that comport with your understanding of</p> <p>7 the document?</p> <p>8 A Yes.</p> <p>9 Q And have you read this document?</p> <p>10 A Not in detail, just skimmed it.</p> <p>11 Q Well, I guess my main question is, are you prepared</p> <p>12 to give testimony on each of these subjects today?</p> <p>13 A Yes.</p> <p>14 MR. FISHER: All right. Let's mark Exhibit 3,</p> <p>15 which is the complaint in this case.</p> <p>16 (Deposition Exhibit 3 marked.)</p> <p>17 Q Doctor, this is the complaint filed to initiate</p> <p>18 this case, and I'm wondering if you have seen this</p> <p>19 document before.</p> <p>20 A I have.</p> <p>21 Q Have you read the entire document?</p> <p>22 A Yes.</p> <p>23 Q Wow, that's heroic.</p> <p>24 A It was a long weekend.</p> <p>25 Q So you understand, I guess, that this lawsuit is</p>

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<p>Page 9</p> <p>1 about a challenge to the new Indiana law, Senate 2 Enrolled Act 480 that bans gender transition 3 procedures for minors? 4 A Yes, I am aware. 5 MR. FISHER: Okay. Let's go ahead and mark 6 Exhibit 4, which is the curriculum vitae for 7 Dr. Cox. 8 (Deposition Exh bit 4 marked.) 9 Q Dr. Cox, do you recognize this document? 10 A I do. 11 Q And what is it? 12 A It is my curriculum vitae. 13 Q Is it current as of today? 14 A It is current as of when I submitted it, and I 15 don't think anything has changed in this week, so I 16 would say yes. 17 Q Okay, great. So I understand that you are the 18 designee of IU Health to testify for its – as an 19 institution today. 20 Is that your understanding? 21 A It is. 22 Q Okay. And I'm wondering, just – not to suggest 23 anything otherwise, but I'm wondering what on this 24 CV tells us that you are an appropriate person to 25 testify for IU Health today.</p>	<p>Page 11</p> <p>1 our patients who have gender dysphoria are curious 2 about future fertility and have a lot of questions. 3 And so over time, and knowing the questions, 4 knowing the things that have come up with others, 5 this document is used to guide, to help the 6 patients with their discussion about this 7 particular item with fertility in the future. 8 Q So this is a document designed for patients? 9 A For patients, and in the case of minor children, 10 their parents who are their proxy decision-makers. 11 Q Is this document given to every patient or parent 12 of a patient who is seeking some sort of medical 13 intervention for gender dysphoria? 14 A That is my understanding. 15 Q So you don't wait for a request for information, 16 you just provide it as part of the process? 17 A That is my understanding, but I have not witnessed 18 that directly in the clinic. 19 Q So yeah, and I guess that raises the question, do 20 you yourself ever treat patients with gender 21 dysphoria? 22 A I do not. 23 Q And what is your area of medical expertise? 24 A So when I was practicing all the time, it's 25 pediatric infectious disease and public health.</p>
<p>Page 10</p> <p>1 A So I am the chief physician executive for Riley 2 Children's Health, which means all practice, 3 quality measures, protocols, et cetera, are 4 overseen because the work of the physicians and the 5 advanced practice providers is overseen by my 6 office. 7 Q I'm sorry, the last word, overseen by what? 8 A My office. 9 Q Your office, okay. 10 Is there another administrative official that 11 you report to or are you the chief administrative 12 officer as well? 13 A So I report to the president of Riley Children's 14 Health. 15 Q And is that person a physician? 16 A It is not. So I would be the highest ranking 17 physician for Riley Children's Health. 18 MR. FISHER: Now, let's mark Exh bit 5. And 19 this is going to have a Bates number ending in 20 3890. 21 (Deposition Exh bit 5 marked.) 22 Q Dr. Cox, do you recognize this document? 23 A I have seen it before, yes. 24 Q Can you describe what it is, please. 25 A So this is a document that we use because a lot of</p>	<p>Page 12</p> <p>1 But then I spent five years as the chief medical 2 officer. I've been the patient safety officer. 3 And like I said, I'm the chief physician executive 4 that oversees practice in our hospital. And so my 5 understanding of this document is that it is 6 provided to each family that comes through the 7 clinic, but I personally don't hand out the 8 document. 9 Q Understood. Do you maintain a clinical practice? 10 A I do not currently. 11 Q Do you have an area of academic research that you 12 specialized in? 13 A So most of my research has been on infections and 14 infection prevention, antimicrobial stewardship, in 15 the area of HIV/AIDS. 16 Q So with respect to this document that's on the 17 screen, I guess I'm wondering, you say you 18 understand that it's given to every patient, but is 19 there a policy about that, about giving it to every 20 gender dysphoria patient? 21 A It's not policy, but there is a difference between 22 policy and standard of practice. So standards of 23 practice are widely accepted across the entire 24 nation about the care that you give under any 25 auspices.</p>

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<p>Page 13</p> <p>1 So there are guidelines from the Endocrine 2 Society. There are guidelines from the Society of 3 Adolescent Medicine. There are the WPATH 4 guidelines, of what the best care, the best 5 practice, if you will, should be. Everything's not 6 written into policy, but it is accepted standard of 7 practice. 8 Q Why is it accepted standard of practice to provide 9 this document to all patients seeking treatment for 10 gender dysphoria? 11 A Well, I think, you know, with any sort of document 12 such as this, knowing that these are questions that 13 some people have considered or have come up, you 14 want to make sure that everyone is fully informed 15 and has all the – the knowledge that you can share 16 with them about things that they should be 17 considering in any diagnosis and any kind of 18 treatment. 19 So an example is that we also talk about 20 fertility preservation when we're getting ready to 21 give chemotherapy, certain types of chemotherapy. 22 So these are things that we as physicians know that 23 people should be informed of and aware of, and we 24 want to make sure that they have information at 25 their fingertips.</p>	<p>Page 15</p> <p>1 take them one at a time here. So it looks like 2 we've got some rotating to do as we go. 3 Doctor, do you recognize this document? 4 A I don't think that I have seen this document. 5 Q Do you have any understanding of what it is or how 6 Riley uses it? 7 A I do. 8 Q Okay. What can you tell us about that? 9 A So with anything, we make sure that we communicate 10 all information orally and in written format, 11 right, in any diagnosis that we have, because 12 people – you know, they need to hear it so that 13 they can ask questions and we can explain, but then 14 they need something that they can refer back to 15 because medicine is complicated. And as they think 16 through things, they may need to go back and 17 reiterate something. 18 And so it's very common for all of our 19 educational materials to have what we would call, 20 you know, FAQs or commonly asked questions, the 21 major ones that we get, with answers that we give 22 them so that, A, they can understand. And we do 23 this with our educators, so that we're not writing 24 in medical terms only so that our families and our 25 patients have that opportunity.</p>
<p>Page 14</p> <p>1 Q Do you yourself have any knowledge of the science 2 behind the need to give this as a – this document 3 as a standard of practice? 4 A I do not. Most best practice is determined by 5 people in every single specialty who, one, have a 6 great deal of experience; two, have national 7 committees that get together that share and give 8 information based on their experience and then come 9 out with recommendations of what best practice 10 should be. That's a standard in medicine. It's 11 all across the board. 12 In this particular case, I'm sure that this is 13 a document that our team has made for Riley that is 14 based on the national recommendations for care of, 15 in this case, our transgender and gender nonbinary 16 people. 17 MR. FISHER: All right. Let's go ahead and 18 mark Exh bit 6. This is going to be the document 19 that ends Bates No. 3893. And it goes through – 20 well, there's several pages to it. So let's mark 21 3893 through 3899. I'm uncertain exactly if this 22 is all one document or if it's multiple, but we'll 23 go through it page by page very briefly. 24 (Deposition Exh bit 6 marked.) 25 Q Well, let's just start with page 1, and we'll just</p>	<p>Page 16</p> <p>1 And there are very frequently illustrations 2 with it because some people are more visual 3 learners, and other people are more word learners, 4 right, so we try to combine both. And that's what 5 this document is for, so that people understand, 6 whenever they make a decision to pursue therapy of 7 any kind, what those medications are, what the 8 effects of that medication is going to be, both the 9 intended effects and some potential side effects, 10 and then the drawings to help them understand. 11 Q So do you understand this document to be created 12 for patients with gender dysphoria who are being 13 prescribed testosterone or is it more generally 14 useful for other – any patient getting 15 testosterone for any reason? 16 A It could be used for anybody getting testosterone 17 for any reason. This is very general. You'll see 18 it talks about testosterone therapy. It doesn't 19 talk about necessarily which thing you're giving it 20 for. 21 Q And is this provided in a packet of information to 22 the plaintiffs – or not plaintiffs, I'm sorry, the 23 patients? 24 A I'm sure that it is. Probably only the pages of it 25 that are useful for them. So if you're getting</p>

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<p>Page 17</p> <p>1 testosterone therapy, you would get this page. If  2 you're getting a different therapy, you might not  3 get this page.  4 Q Okay. Let's go to the next page, please. So it  5 looks like we're on to a slightly different subject  6 with this page. Doctor, this document reads "Oral  7 Contraception Consent," and I'm just curious what  8 this document is used for.  9 A Again, it's used for making sure that we have  10 educated the patient that they have everything  11 orally communicated and now in writing and that  12 they understand everything that – about this oral  13 contraception that they're going to take.  14 So there are multiple kinds of oral  15 contraception. We give people options. When they  16 decide and they pick one, such in this case oral  17 contraception, we want to make sure that they've  18 been fully informed of everything that it does and  19 does not do. And part of that is having the  20 conversation, but then having them look at each one  21 of these and attesting that they understand.  22 Q Is this document relevant, to your understanding,  23 in the treatment of gender dysphoria?  24 A It can be if someone is trying to manage their  25 menses. So remember, there are a lot of reasons</p>	<p>Page 19</p> <p>1 A Yes.  2 Q Okay, thank you.  3 All right, let's go ahead and go to the next  4 page. This says "Consent for Intrauterine Device  5 Placement." So I take it this is the consent form  6 if somebody wants an intrauterine device; correct?  7 A Correct.  8 Q And do you have an understanding of how that's  9 relevant to treatment of gender dysphoria?  10 A So I think what you've seen, right, are the three  11 options now for birth control and menses  12 management. So it's oral contraception,  13 Depo-Provera, and IUD. So they can be used in  14 patients who are desiring of either contraception  15 or menses management, and they are the three  16 options and they can choose.  17 Q Is the IUD useful for menses management or is it  18 just contraception?  19 A It's mostly contraception. And if there are  20 further uses for it, I am not the person to comment  21 on that.  22 Q Thank you. Let's go to the next page, 3897. So  23 another patient consent form. What is this one  24 used for?  25 A So Nexplanon is also a kind of birth control</p>
<p>Page 18</p> <p>1 for oral contraception, and so when we have  2 patients who have real challenges with their  3 menses, excessive bleeding, excessive pain, in any  4 of those cases, oral contraception might be used to  5 help manage that, whether or not they're  6 transgender. And so there are multiple reasons to  7 use it, even, you know, in all patients.  8 Q Okay. Let's go to the next page, 3895.  9 So this document says "Depo-Provera Consent."  10 So I'm wondering what this document is.  11 A So it's essentially the same thing about a  12 different type of medication. But it's pretty much  13 the same thing in theory that you have discussed  14 different things. And Depo-Provera has been an  15 option for therapy and you've communicated it and  16 now here it is in writing. Depo-Provera will  17 inhibit menses or at least shorten it and change  18 it. So it's another option for patients who have  19 challenges for – with regard to managing their  20 menses.  21 Q Is it also a contraceptive or is it sort of just a  22 menses management drug without relevance to  23 contraception?  24 A Both.  25 Q Both, you say?</p>	<p>Page 20</p> <p>1 method, and it is – it's an estrogen-based product  2 and it's inserted under the skin. So you don't  3 take a pill every day. It's like an IUD in that  4 way in that you don't have to remember to do  5 something every day. It's an implantable.  6 Q Is it useful only for birth control or also menses  7 management?  8 A It can be used in both because you're regulating  9 someone's cycle, so it too can have benefits in  10 both.  11 Q All right. Let's go to the next page, 3898. So  12 this document at the top says "Consent for  13 Procedure." I don't know if this is related to the  14 Nexplanon or if it's an independent document, but  15 I'm wondering if you can tell me how this document  16 is used.  17 A So this is the general consent for a procedure. So  18 this is not our operating room consent, but a  19 consent for procedure. This is most often used in  20 office procedures. And so you can see you fill in  21 what the procedure is listed, and then exceptions  22 to consent can be listed. So this – where it sits  23 in this document, it's probably with regard to the  24 insertion of a Nexplanon device. But this is a  25 general consent for procedure, and you have to fill</p>

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<p>Page 21</p> <p>1 it in.</p> <p>2 Q Okay, thanks. All right, let's go to the next</p> <p>3 page, 3899. So here we have another consent form,</p> <p>4 and this one is for Ortho Evra. And I'm wondering,</p> <p>5 it says, "Ortho Evra contraceptive patch." So can</p> <p>6 you – tell me, is that meant for menses management</p> <p>7 only or also birth control or only birth control?</p> <p>8 How does that fit into the range of options?</p> <p>9 A It too can be both. So these patches have estrogen</p> <p>10 that regulates the menses cycle, as well as</p> <p>11 provides birth control. Another version.</p> <p>12 MR. FISHER: All right. Let's mark Exh bit 7.</p> <p>13 And this has Bates No. 3901.</p> <p>14 (Deposition Exh bit 7 marked.)</p> <p>15 Q Doctor, do you recognize this document?</p> <p>16 A I do. I have seen it.</p> <p>17 Q And I think it looks to me like it's got one, two,</p> <p>18 three, four pages to it. I just want to – if we</p> <p>19 could just scroll slowly through so the doctor can</p> <p>20 make sure that we see the whole thing.</p> <p>21 A Yes.</p> <p>22 Q Okay. Doctor, what is this document used for?</p> <p>23 A So this is a piece of information that is used for</p> <p>24 education, both within the gender affirmation</p> <p>25 clinic, but it is also useful for people who have</p>	<p>Page 23</p> <p>1 of this document are?</p> <p>2 A I do not.</p> <p>3 Q Do you have any understanding of how they decided</p> <p>4 what studies to mention in this document?</p> <p>5 A I do not.</p> <p>6 Q Have you ever discussed with the authors of this</p> <p>7 document whether there might be additional studies</p> <p>8 that could be or should be included?</p> <p>9 A I have not. I have spoken with the chief of</p> <p>10 adolescent medicine. These are what we would</p> <p>11 consider to be the major studies and the most</p> <p>12 reliable bodies that we generally base our</p> <p>13 standards of care around, and I feel comfortable</p> <p>14 with that statement from her.</p> <p>15 Q Oh, okay. Are you – have you done any research of</p> <p>16 your own to determine whether there might be</p> <p>17 additional studies that ought to be considered for</p> <p>18 this document?</p> <p>19 A I have not looked specifically to say if there are</p> <p>20 other studies.</p> <p>21 MR. FISHER: All right. Let's mark – I guess</p> <p>22 we're up to – I think we had two copies, Joannie,</p> <p>23 so I think we're going to skip over what is</p> <p>24 probably next. It's the same document. We don't</p> <p>25 need to mark it again. I want to go to what is</p>
<p>Page 22</p> <p>1 questions about gender-affirming care and</p> <p>2 understanding where the supports and the guidelines</p> <p>3 come from, showing the studies and the medicine</p> <p>4 behind the treatment of gender-affirming care.</p> <p>5 Q Who's the target audience principally?</p> <p>6 A Well, I think it's written to be for both our</p> <p>7 learners and as well as families who have questions</p> <p>8 about, how did we come to this, where are the</p> <p>9 standards of practice. So it can be used in both.</p> <p>10 Q And you used the term "learners," and I'm wondering</p> <p>11 what you mean by that.</p> <p>12 A Medical students, residents, Fellows, physician</p> <p>13 assistant students, even social work students that</p> <p>14 we have in our educational institution.</p> <p>15 Q Were you involved in the writing or preparation of</p> <p>16 this document?</p> <p>17 A No.</p> <p>18 Q Do you know anything about the science that is</p> <p>19 mentioned in this document?</p> <p>20 A I do. I have reviewed multiple of the studies as</p> <p>21 well as some of the guidelines. I also am very</p> <p>22 well aware of the statement of support from the</p> <p>23 American Academy of Pediatrics and the Federation</p> <p>24 of Pediatric Organizations.</p> <p>25 Q Do you know how the – do you know who the authors</p>	<p>Page 24</p> <p>1 3905, and so I guess this would be 8.</p> <p>2 (Deposition Exh bit 8 marked.)</p> <p>3 Q Doctor, do you recognize this document?</p> <p>4 A I do.</p> <p>5 Q And what is this document?</p> <p>6 A This is the document that was prepared, the</p> <p>7 information that was prepared for our website and</p> <p>8 making clear what services that we will provide.</p> <p>9 So this was the document put together by the team</p> <p>10 for that purpose.</p> <p>11 Q So this is taken from the website itself?</p> <p>12 A This information is on the website. It's arranged</p> <p>13 differently, I think, on the website, but this is</p> <p>14 essentially what's there.</p> <p>15 Q So is this document in this form used for anything</p> <p>16 or is it just a source of information for the</p> <p>17 website?</p> <p>18 A I think it's used for the – again, for any</p> <p>19 audience that has questions about it. So it can be</p> <p>20 used for our patients and families or it can be</p> <p>21 used for our learners. It can be used, like I</p> <p>22 said, to inform for the searches that people are</p> <p>23 doing nationally, et cetera.</p> <p>24 Q Let's scroll to the bottom of the page. There's a</p> <p>25 little – there's a box towards the bottom. So</p>



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<p>Page 25</p> <p>1 this says "Gender Care Interventions for Pediatric 2 Patients (less than 18 years or old) &amp; Riley 3 Hospital for Children." 4 So are you with me down there at the bottom of 5 the page? 6 A Yes. 7 Q Great. So it looks like in one column it has 8 "Services Provided at Riley," and the other column 9 it says, "Services Not Provided at Riley." And so 10 you've got under services provided, ambiguous 11 genitalia surgery, treatment for menstrual 12 suppression, gender-affirming hormone therapy, 13 surgery consultation and coordination. And under 14 not provided at Riley, top surgery and bottom 15 surgery. 16 And so let's start with ambiguous genitalia 17 surgery. Do you know what that refers to? 18 A I do. 19 Q What is that referring to? 20 A So there are babies who are born with something 21 called congenital adrenal hyperplasia, where their 22 genitalia, despite the fact that they are hormone 23 XX, their genitalia often are ambiguous, meaning 24 they have some features of it that are vaginal and 25 some that look penile.</p>	<p>Page 27</p> <p>1 Q The ambiguous genitalia surgery, is it always done 2 shortly after birth or what is the time frame where 3 that's usually done in the child's life, I guess is 4 what I'm wondering? 5 A Yeah, it's done in infancy. 6 Q So over on the right side of that, we've got the 7 services not provided at Riley. And it says top 8 surgery and bottom surgery. 9 So first of all, what is top surgery? 10 A So top surgery includes breast surgery. So whether 11 it's augmentation, it's, you know, debunking of the 12 breast, mastectomy. Those would be considered top 13 surgeries. 14 Q And what is bottom surgery? 15 A Bottom surgery would be surgery on the genitalia. 16 In the case of gender dysphoria, it would be, you 17 know, phalloplasties and other things like that. 18 So genital surgery. 19 Q Do you have a detailed understanding of what those 20 surgeries involve? 21 A I do not, because we don't do them on minors here, 22 and so we don't do them. I know what they are, and 23 I certainly know like, you know, vaginoplasty and a 24 vulvoplasty and a phalloplasty, those are the – 25 plasty always means creation, right, and so those</p>
<p>Page 26</p> <p>1 And for those families, for those little 2 babies, because they have an intact uterus and 3 all – they are genetically female, if the families 4 desire that they want that genitalia in their 5 infant to be restored to its genetic base and match 6 its genetic base, that can be done here. There's 7 an entire process that we go through with families 8 around that. 9 And then that if families want to do that, 10 then they can have that surgery done here. 11 Families have a lot of reasons for wanting to do 12 that early in life from the standpoint of their 13 child and child care and other things that are not 14 relevant here, but we will do that here, only for 15 that particular case of patients. 16 Q Is it always for genetic females that this arises, 17 or is it sometimes genetic males? 18 A No, it's genetic females, where this surgery, 19 ambiguous genitalia surgery, is done here at Riley. 20 There are other genital surgeries done on males, 21 because they have, you know, some sort of a 22 curvature or whatever, sometimes there are other 23 surgeries that are done, but those are – those are 24 corrective for a malformation as opposed to for any 25 other reason.</p>	<p>Page 28</p> <p>1 are the creations of the genital surgeries. But 2 what the surgical procedures and the steps in that 3 are, I do not know. 4 Q So I'm wondering why Riley does not provide top 5 surgery and bottom surgery for minors. 6 A So I – so to be clear, we don't do top surgery or 7 bottom surgery in minors for the sole purpose of 8 gender dysphoria. There are times that children 9 have excruciating back pain from exceedingly large 10 breasts, they could have abscesses or other things. 11 You know, there are vulvar abscesses and vaginal 12 abscesses and penile abscesses, we would treat 13 those. 14 We don't do top and bottom surgery in minors 15 if there is no other indication than gender 16 dysphoria. And the reason that we have made that 17 our standard is that these surgeries are – you 18 know, they're not small surgeries, and they are not 19 easily reversible. And so you want people to be at 20 the age of consent, which in this country is 18, 21 before they make those decisions. 22 Medicines that you give, you can stop 23 medicine, and the effects will lessen over time. 24 But with surgery, that's – that is a commitment 25 from which you don't come back. And so informed</p>

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<p style="text-align: right;">Page 29</p> <p>1 consent and making sure that patients are of an age  2 where they will be able to truly be informed is 18,  3 and so that is the standard we have chosen.  4 Q Do you have a detailed knowledge of the risks of  5 hormone therapy on minors for gender dysphoria?  6 A So I think if you went back to those original  7 documents, most of them are listed there. Most of  8 the – those effects are shorter lived and mostly  9 reversible. You may put on some weight or you may  10 develop some acne. Your menses will stop. It can  11 be – it will resume once you come off the  12 medicines. Those are the most common and very well  13 known and very laid out in those documents.  14 To my knowledge, we don't know of any  15 long-term, can't be reversed effects of those  16 medicines after years of study of hormone therapy,  17 not only in transgender, but in all kinds of  18 indications.  19 Q What about infertility?  20 A So there is some concern, obviously, I don't know  21 the studies so I can't give you percentages, but  22 that is why we have that first document about  23 fertility preservation, if there's any  24 consideration of that.  25 Q So, and I'm wondering, you know, infertility sounds</p>	<p style="text-align: right;">Page 31</p> <p>1 more permanent, and we want to make sure that our  2 patients are of the age of consent for  3 non-immediate necessity of surgery.  4 Q You had mentioned with respect to the hormones that  5 you were committed to, I don't want to put words in  6 your mouth, I want to make sure I'm getting kind of  7 what you said here, but I think you said committed  8 to providing recommended and legal treatments. But  9 I am wondering, you know, does top surgery and  10 bottom surgery at least fit those parameters, aside  11 from the current law that we're talking about?  12 A So I do think so. I think if you – because I have  13 looked many places across the country for the  14 surgical, the sort of accepted standard is that  15 children are of the age of consent for surgical  16 intervention. That is the common practice around  17 the country.  18 I'm not saying that's what everybody does, but  19 many, many places, that is the accepted standard.  20 Some places have a little bit lower age limit for  21 top surgery because the guidelines are – they're  22 meant to be guidelines, so they're not a hundred  23 percent prescriptive. But we have made the  24 decision for surgical intervention that we are  25 going to use 18.</p>
<p style="text-align: right;">Page 30</p> <p>1 I like something that you don't undo; right?  2 A Infertility is something that is generally very –  3 it depends on the reason that you have infertility  4 if it can be overcome or not, whether you took meds  5 or not, right. Infertility is a reality. But if  6 there's a potential at all, we want to protect  7 that, and I don't think you can ever know who's  8 going to suffer from infertility for whatever  9 reason. And so that's why we offer that. But it's  10 a possibility, I guess.  11 Q And Riley has decided that, notwithstanding that  12 risk, it wants to offer hormonal treatment even  13 though there is that potential risk in some cases?  14 A So what I would say to you is that if something is  15 available, scientifically sound and recommended,  16 and legal, Riley feels an obligation to the  17 patients who are seeking help for any diagnosis to  18 provide what is considered the standard of care.  19 And we would commit that the standard of care in  20 caring for people with gender dysphoria has been  21 well laid out in the guidelines and that these are  22 accepted manners of care.  23 Q And that's not true for top surgery or bottom  24 surgery?  25 A So top surgery and bottom surgery, again, are much</p>	<p style="text-align: right;">Page 32</p> <p>1 MR. FISHER: All right. Let's mark, I guess,  2 Exhibit 9. So this is the one that's 3908.  3 (Deposition Exhibit 9 marked.)  4 Q Do you recognize this document? And there's two  5 pages, I think, here.  6 A I have seen this document through the clinic.  7 Q What do you understand this document to be?  8 A So this document is basically looking at places  9 where families can go and get information, support  10 groups, different types of information that they  11 can share with their families, their extended  12 families, et cetera, who are interested in  13 understanding their child's journey.  14 MR. FISHER: Let's go ahead and mark  15 Exhibit 10. This is 3923.  16 (Deposition Exhibit 10 marked.)  17 Q It looks like it's several pages, through 3933.  18 Doctor, as she's scrolling there, do you  19 recognize this document?  20 A Well, I'm aware of the document. I haven't spent a  21 lot of time in this document. This is an  22 educational document that is put together by  23 Seattle Children's that is, again, another  24 opportunity for people to go and get more  25 information about the treatments.</p>

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<p style="text-align: right;">Page 33</p> <p>1 Q Is it part of the standard of care at Riley to 2 provide this document to patients seeking care for 3 gender dysphoria? 4 A We offer them a lot of opportunities to go and look 5 at different hospitals. You saw on the last 6 document, there's a link there. And if somebody's 7 done a really great job at putting together 8 information that we think will be helpful, we want 9 them to have access to all information. Hospitals 10 and healthcare, as you know, in general like to 11 share what they know, in particular children's 12 hospitals. And so it's not unusual for us to offer 13 them different things that are already in 14 existence. 15 Q Do you know whether this is – this document is 16 given to every patient at Riley seeking feminizing 17 hormones for gender dysphoria? 18 A I do not. I know it's given in the packet of, if 19 you want more information, you can seek it. But 20 whether it's printed out and given to the patients, 21 I don't know. 22 MR. FISHER: Let's mark 11. It is 3934. 23 (Deposition Exh bit 11 marked.) 24 Q Very similar document. This one says, "A Guide to 25 Masculinizing Hormones," also from Seattle</p>	<p style="text-align: right;">Page 35</p> <p>1 A Again, I think they're given the option to access 2 it, but whether it's printed out and handed to 3 them, I do not know. 4 MR. FISHER: All right. Let's go to 14. 5 3953. 6 (Deposition Exh bit 14 marked.) 7 MR. FISHER: Can we make that a little bit 8 bigger so the doctor can read it, please. 9 THE WITNESS: Thank you. 10 Q Can you read that okay? 11 A I can, thank you. 12 Q So this was produced to us, and I'm not sure if 13 your e-mail address shows up on here or not. I 14 don't see it. But I'm wondering if you have seen 15 this document before. 16 A I have. 17 Q Can you tell me what it is? 18 A So this is a note from our senior vice president 19 for governmental affairs, Tory Castor, to several 20 of our legislators here in Indiana who had 21 questions on Riley's gender care program and had 22 talked with Tory Castor as well as some of our 23 physicians getting their questions answered, and 24 this was a follow-up e-mail. 25 Q Is Tory Castor a doctor?</p>
<p style="text-align: right;">Page 34</p> <p>1 Children's. 2 Again, do you recognize this document? 3 A I am aware of its existence, yes. 4 Q Is it fair to say this is used in much the same way 5 as the previous document? 6 A It is. 7 MR. FISHER: Let's mark 12, which is 3943. 8 (Deposition Exh bit 12 marked.) 9 Q Doctor, do you recognize this document? 10 A Again, it's – I am familiar with it. It is from 11 Seattle, and it is around another intervention, 12 this one for menstrual suppression. 13 Q And you – I guess just to make sure I'm following, 14 is it your understanding that this is made 15 available, but you're not sure whether it's 16 provided to every patient seeking menstrual 17 suppression? 18 A That is correct. 19 MR. FISHER: Let's go to 13. So this is 3947. 20 (Deposition Exh bit 13 marked.) 21 Q Doctor, this looks like – looks to be another 22 information sheet from Seattle Children's, but it's 23 for puberty blockers. And I'm wondering, do you 24 know if this is given to every patient seeking 25 medical intervention for gender dysphoria?</p>	<p style="text-align: right;">Page 36</p> <p>1 A She is not. She's a lawyer. 2 Q Oh, okay. So did – do you know who wrote this? 3 Do you know if Ms. Castor wrote this or if somebody 4 else helped her write it? 5 A I do not know that. 6 Q Do you know if this document was vetted through any 7 sort of senior medical staff at Riley? 8 A So I know that Tory Castor reached out to the 9 physicians that provide care in the gender 10 affirmation clinic to get accurate answers about 11 the questionnaires, how they're used, who gets 12 them. So she did talk to those physicians. 13 Q Were you aware that Ms. Castor was providing this 14 document before it was sent? 15 A No. 16 Q And you never had a chance to review its contents? 17 A No, not this document, but I sat in on some of the 18 conversations that were going on with the senators 19 at the time, and this was just a follow-up 20 clarification, is my understanding. 21 Q Oh, okay. 22 MR. FISHER: Let's mark 15, which is gender 23 timeline, 3990. 24 (Deposition Exh bit 15 marked.) 25 Q Do you recognize this document, Doctor?</p>

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<p style="text-align: right;">Page 37</p> <p>1 A I have seen it.</p> <p>2 Q I'm sorry, have or have not?</p> <p>3 A I have.</p> <p>4 Q You have, okay.</p> <p>5 What do you understand this document to be?</p> <p>6 A This is a document that helps families and patients</p> <p>7 understand what they can expect from the</p> <p>8 medications. So not every medication acts</p> <p>9 immediately, and sometimes the full effects are not</p> <p>10 seen for quite some period of time. And</p> <p>11 patients – they don't always understand that. And</p> <p>12 so this document is to help them manage their</p> <p>13 expectations of what's going to happen and when</p> <p>14 that's going to happen and prepare for it.</p> <p>15 Q And did you help prepare this document?</p> <p>16 A No, I did not.</p> <p>17 Q It looks like the next page, it may be in the same</p> <p>18 document, but the 3991, or maybe it's actually a</p> <p>19 separate – there we go. I'm not sure if this is</p> <p>20 meant to be separate or meant to be part of the</p> <p>21 same thing, but do you recognize this part of the</p> <p>22 document?</p> <p>23 A Yes.</p> <p>24 Q And so it's telling us more, I think, similar types</p> <p>25 of information about estrogen and what it does.</p>	<p style="text-align: right;">Page 39</p> <p>1 A I reviewed and helped edit.</p> <p>2 Q So up in the top, it says, "Original creation date:</p> <p>3 3-14-23. Publication date: 4-17-23."</p> <p>4 Do you see that?</p> <p>5 A I do.</p> <p>6 Q Does that mean that before March 14th of this</p> <p>7 year, there was no such policy?</p> <p>8 A So there was not a policy, but it was the accepted</p> <p>9 standard of practice not to do gender-affirming</p> <p>10 surgery on minors for the purpose of gender</p> <p>11 dysphoria.</p> <p>12 Q Why was it necessary to create a policy in March of</p> <p>13 this year?</p> <p>14 A I think that – so as a former president of the</p> <p>15 medical staff, what I would say is that if there's</p> <p>16 not gray areas, if there's not – if it's going to</p> <p>17 be a new law, we do policy to just remind</p> <p>18 everybody, but it doesn't mean that the standard of</p> <p>19 practice wasn't in place. It just – it just means</p> <p>20 that if there's going to be a new law, which it</p> <p>21 appeared that there was going to be, we wanted to</p> <p>22 make sure that we were as clear as possible.</p> <p>23 Q And that law, that new law that you're referring</p> <p>24 to, was enacted as SEA 480?</p> <p>25 A Yes.</p>
<p style="text-align: right;">Page 38</p> <p>1 But do you understand it to be part of the previous</p> <p>2 page or do you think this is actually a separate</p> <p>3 document?</p> <p>4 A So I suspect it's a separate document, and they're</p> <p>5 given together as a packet if they're appropriate.</p> <p>6 So you wouldn't give somebody that's going to start</p> <p>7 testosterone therapy information about estrogen.</p> <p>8 So it would be handed separately to a patient for</p> <p>9 where it's appropriate.</p> <p>10 Q And if we flip to 3996, it should be probably in</p> <p>11 that same exhibit. There we go. So I take it that</p> <p>12 this is then the appropriate version of the</p> <p>13 information that we're talking about, but for</p> <p>14 somebody who's going to be taking testosterone</p> <p>15 rather than estrogen?</p> <p>16 A Yes.</p> <p>17 MR. FISHER: All right. Let's mark 16, which</p> <p>18 is 4121.</p> <p>19 (Deposition Exh bit 16 marked.)</p> <p>20 Q Doctor, do you recognize this document?</p> <p>21 A I do.</p> <p>22 Q And what is this document?</p> <p>23 A This is a policy statement prohibiting</p> <p>24 gender-affirming surgery on minors.</p> <p>25 Q Were you involved in the creation of this document?</p>	<p style="text-align: right;">Page 40</p> <p>1 Q I'm sorry, I want to make sure.</p> <p>2 A Yes.</p> <p>3 Q Yes, okay. But there's no similar policy statement</p> <p>4 about puberty blockers or hormone therapy for</p> <p>5 gender dysphoria in minors; correct?</p> <p>6 A There is not, but in this particular case, our</p> <p>7 standard of practice was always not performing</p> <p>8 surgery on minors for this, and so it aligns our</p> <p>9 standard of practice and the law. The standard of</p> <p>10 practice on hormone blockers, et cetera, was not</p> <p>11 based on age, either in our standard of practice,</p> <p>12 the WPATH guidelines. So we have not put that into</p> <p>13 policy.</p> <p>14 Q So I want to direct your attention down to – under</p> <p>15 policy statements, towards the bottom of that</p> <p>16 page – gosh, I hope you can see that.</p> <p>17 MR. FISHER: Can we make it just a little bit</p> <p>18 bigger maybe? Scroll down just a bit. Maybe it's</p> <p>19 just my screen is messed up.</p> <p>20 Q So you can see that whole thing, Doctor?</p> <p>21 A I can see A, B, and C.</p> <p>22 Q Okay, terrific. So this is – again, these are the</p> <p>23 actual policy statements, kind of the operative</p> <p>24 piece of this document; is that right?</p> <p>25 A Yes.</p>

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<p style="text-align: right;">Page 41</p> <p>1 Q So under C, it says – in bold, it says, "under no 2 circumstances will IU Health or any provider 3 exercising clinical privileges at an IU Health 4 facility perform any type of gender-affirming 5 surgery on a minor at an IU Health facility." 6 So I want to go back and make sure I 7 understand what provider refers to. 8 A So a provider is a provider, a licensed provider, 9 of medical care. So that would include physicians, 10 so M.D.s, D.O.s, and advanced practice providers are 11 included in that word "provider," which would be 12 nurse practitioners and physicians assistants. 13 Q So this first sentence, you can't do – you can't 14 do gender-affirming surgery on a minor at an 15 IU Health facility. Okay, fair enough. The next 16 sentence, "under no circumstances will a provider 17 employed by IU Health perform any type of 18 gender-affirming surgery on a minor at a 19 non-IU Health facility, with which IU Health has a 20 contractual relationship, when performed on behalf 21 of IU Health." 22 And I'm trying to understand, number one – 23 well, let's just start, what is it getting at? 24 Like, what type of circumstance is envisioned by 25 this particular prohibition?</p>	<p style="text-align: right;">Page 43</p> <p>1 IU Health would be practicing at another medical 2 provider such as Community, but not acting as an 3 employee of IU Health? 4 A So because it's a contractual agreement, and this 5 is their primary employment, I'm no lawyer, but my 6 understanding is they are bound by their primary 7 employer and their rules. And that is how we go 8 out into those spaces. 9 Q I see. So they're not allowed to sort of freelance 10 outside of their IU employment? 11 A No. 12 Q I'm sorry, I want to make sure – 13 A No, they are not. 14 Q They're not, okay. Why is it important to have 15 this policy extend to those circumstances where the 16 facility is not an IU facility? 17 A Well, I think, number one, it's to support our 18 providers in maintaining the standard of practice 19 regardless of pressures that could come from 20 families or other entities. 21 Q Any other reason? 22 A Not that I'm aware of. 23 Q But why does it matter to IU – if it's at a 24 different facility, why does it matter if they're 25 adhering to this policy versus the other facility's</p>
<p style="text-align: right;">Page 42</p> <p>1 A So I will try to explain this as clearly as I can. 2 So the medical staff of the academic health center, 3 which is University, Methodist, and Riley, 4 privileges and credentials are physicians to 5 perform their medical duties at Riley, University, 6 and Methodist. 7 With our relationship with the School of 8 Medicine, right, some of our faculty also practice 9 at the VA or they practice at Eskenazi. We have a 10 contractual relationship as a School of Medicine 11 entity to provide the physicians in that area. And 12 then there are other circumstances of certain 13 hospitals where we may have an agreement to provide 14 some services. So an example of that is that the 15 NICU at Community Hospital is staffed by Riley 16 neonatologists. 17 So even though most of our practice is here, 18 they may practice at other places that have their 19 own sets of bylaws and policies. And what this 20 says is, if you are employed by us, even if you're 21 working at a hospital where maybe this isn't part 22 of their bylaws or their policies, you are bound to 23 this policy as an IU Health physician, no matter 24 what setting you are in. 25 Q Are there circumstances where physicians at</p>	<p style="text-align: right;">Page 44</p> <p>1 policy? 2 A I think it goes back to this idea of, we have heard 3 the national committees, we've read the national 4 recommendations, we've made a decision that in the 5 best care of patients, we are going to hold this to 6 a line of 18 years of age, and that's pretty 7 agnostic from setting. 8 Q I'm sorry, you trailed off. Pretty agnostic of 9 what? 10 A Of the setting. 11 Q Okay. Let's go back to the attachment. So this is 12 Exh bit 2, please. 13 (Discussion held off the record.) 14 MR. FISHER: If we could go to paragraph 6. 15 Maybe make that just a little bit bigger for the 16 doctor. 17 Q Doctor, do you see paragraph 6? 18 A I do. 19 Q Which is asking for testimony about requirements 20 for counseling or other mental health treatments 21 before administration of puberty blockers, 22 cross-sex hormones, or surgical interventions. 23 A Yes. 24 Q And we talked about the information that's 25 disclosed a little bit, but I'm wondering about</p>



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<p style="text-align: right;">Page 45</p> <p>1 if – we can, obviously, set aside surgical  2 interventions. But for puberty blockers and  3 hormones, are there requirements for counseling or  4 mental health treatments for gender dysphoria  5 patients before administration of those medical  6 interventions?  7 A Yes. So I believe it's in the Tory Castor e-mail  8 as well, but there are requirements for diagnosis  9 that lay out how long – what the child's  10 intentions are, what signs of, you know, the gender  11 dysphoria are.  12 And the psychologists and the counselors help  13 us make sure that the child meets the criteria set  14 out by the DSM-5, which is the diagnostic and  15 statistical manual that is well used in all  16 medicine for diagnostic criteria to have a patient  17 meet those requirements for that diagnosis.  18 And that is where the mental health and  19 psychology helps us begin that journey to say if  20 they do meet criteria, if they don't meet criteria,  21 and if they understand, you know, this decision  22 they are making. So any time someone is embarking  23 on a medical journey of any kind, or receives a  24 diagnosis of any kind, that psychological support  25 is always important to help them understand all the</p>	<p style="text-align: right;">Page 47</p> <p>1 that are prescribed, or sort of alongside, or how  2 does that work?  3 A I think it can be either or both, depending on what  4 diagnosis there is and what treatment needs to be  5 undertaken. So, you know, it is not unusual for  6 people who are undergoing gender dysphoria to have  7 depression, anxiety, and other things, whether that  8 precludes moving forward with their diagnosis or  9 not, or treatment for their gender dysphoria, or  10 whether it goes hand in hand with that, it would be  11 up to the psychologist or the mental health worker.  12 Q Are you aware of any risks or symptoms that  13 would – either as a matter of the standard of care  14 or as a matter of IU policy, you know, be a barrier  15 to proceeding with puberty blockers or hormones  16 until resolved?  17 A I think, you know, one is if they don't meet the  18 diagnostic criteria. If you don't meet the  19 diagnostic criteria, it may take more time to do  20 that. I think some of it is also, you know, people  21 have free will, so if the patient doesn't want a  22 certain kind of therapy, it doesn't go forward.  23 You know, we have to do a lot of work with families  24 and children to make sure that everyone understands  25 the therapy and is supportive of the therapy. So</p>
<p style="text-align: right;">Page 46</p> <p>1 medicine and what's happening and making sure that  2 they meet that criteria.  3 Q Is there an intention of, I guess, screening  4 patients who present with gender dysphoria but who  5 also present with psychological co-morbidities from  6 jumping into either blockers or hormones before  7 resolution of those co-morbidities?  8 A So I think that certainly, under the umbrella of  9 the psychological services, making sure that we  10 have the proper diagnosis is always important. And  11 if there are other diagnoses of any kind, that they  12 are identified and if intervention is needed for  13 those.  14 I would give you the example of if you have  15 bad oral hygiene and you're going to go for heart  16 surgery, right, you have the diagnosis of a heart  17 defect, we're going to clean your teeth before we  18 send you to heart surgery. It's just kind of the  19 way it works, because that's an added risk factor,  20 et cetera. So we do that with any diagnosis.  21 So if there are other things identified in the  22 mental health counseling, they will be dealt with  23 as well.  24 Q Well, and I'm wondering what you mean, dealt with  25 before there's any puberty blockers or hormones</p>	<p style="text-align: right;">Page 48</p> <p>1 any of those things can happen to delay the  2 therapy.  3 Q What about suicidality, if you have a child that  4 meets the diagnostic criteria for gender dysphoria  5 but also has – you know, presents with  6 suicidality, is that going to be something that is  7 a barrier to either blockers or hormones?  8 A So I think suicidality is a tricky question because  9 very frequently the patients are suicidal because  10 they're not progressing on their journey to  11 transgender. The suicide rate in gender dysphoria  12 is very high, and so I think you have to work with  13 the psychologist to understand the reason for the  14 suicidality to know what the appropriate course  15 forward is, and that's in a case-by-case basis.  16 Q With respect to the – I guess the practice  17 standards, the guidelines that Riley psychiatric  18 services consult and use when dealing with  19 psychological co-morbidities, you mentioned the  20 DSM-5. Anything else that, I guess, provides sort  21 of the framework for those assessments?  22 A Certainly there are multiple places that have  23 guidelines. I mentioned the Endocrine Society  24 earlier. The Society for Adolescent Medicine, the  25 AMA, the AAP. People reiterate what best practice</p>

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<p>Page 49</p> <p>1 are, and so when our team determines their 2 standards of practice, they use those guidelines 3 and make sure that they have everything covered. 4 Sometimes the guidelines are slightly different in 5 their recommendations based on, you know, wording, 6 et cetera. But the overall principles are all the 7 same because they're based on the same set of 8 science. 9 Q Are you aware of any such, I guess, standards 10 within Riley that depart from the Endocrine 11 Society, the AMA, or any of the other organizations 12 when it comes to assessment or treatment? 13 A No, I am not. 14 Q So let's scroll down to paragraph 10, please. And 15 I'm going to apologize. Yeah, this is spanning a 16 couple of pages, but this is a request for 17 testimony about data on minor patients – I think 18 we're talking about aggregate data here – minor 19 patients seeking or receiving treatment for gender 20 dysphoria or gender incongruence, and then there's 21 a whole list of categories here. 22 And I'm wondering if Riley or IU keeps data, 23 this data, and has this data available. 24 A So we do keep data. I can't comment on A through 25 whatever it is, if we keep all of that data or not.</p>	<p>Page 51</p> <p>1 format you asked for it and see if it exists. We 2 provided some data we were able to collect in our 3 document production. But yeah, I have not 4 discussed this specific issue with Dr. Cox. 5 MR. FISHER: All right. Well, we'll discuss 6 more offline then. 7 Okay. I think I may be just about done. Just 8 hang on. If we could just take a couple minutes 9 here, so I can confer with my colleagues. 10 (Recess taken.) 11 BY MR. FISHER: 12 Q I just have a couple of things that I wanted to 13 follow up on. If we could go back to Exh bit 8. 14 And this is Bates No. 3905. 15 Doctor, do you see – oh, let's go back down 16 to the bottom there. Doctor, on that left-hand 17 column, it says, "Surgery consultation and 18 coordination." 19 Do you see that? 20 A I do. 21 Q So I take this to mean that even though Riley will 22 not provide top and bottom surgery – I don't know, 23 maybe I'm not understanding this – will Riley 24 consult and coordinate for such surgery elsewhere? 25 A No. So what that statement refers to is that many</p>
<p>Page 50</p> <p>1 You know, with many things in medicine, because 2 medicine is a constantly evolving science, we keep 3 all kinds of data in registries for specific 4 diagnoses, but I have no idea which ones of these 5 we're actively collecting at this time. 6 MR. MINKLER: And Tom – this is Josh Minkler, 7 for the court reporter – that's more on me than on 8 Dr. Cox. In providing the data analysis under the 9 document requests, we had to take some steps to put 10 information together for you and redact certain 11 information. So I did not prepare her on the data 12 information. 13 MR. FISHER: And I think, Josh, I guess I'm, 14 you know, wondering if we can get, you know, some 15 clarity outside of the deposition here on what's 16 available within these categories and whether if 17 there's some way to produce that data. You know, 18 we're not – again, if it's the sort of thing that 19 they're not keeping and that you'd have to go 20 through patient files and such, we're not asking 21 for that. We just wonder if this data exists, if 22 we can get it. 23 Sorry, Josh, you're on mute. 24 MR. MINKLER: Understood. Yeah, we can 25 discuss that. We're trying to seek that in the</p>	<p>Page 52</p> <p>1 times families and patients, they want surgery. 2 Not all of them, but many of them do. Or they want 3 to consider surgery. So what that result – what 4 that line is stating is that if families want to 5 get more detailed information about what surgery 6 would entail and when it can happen and what 7 recovery is like, they want to go to the expert 8 frequently, which is the surgeon. 9 So we will arrange for them to have 10 conversation with the surgeon for the sole purpose 11 of getting detailed information and questions 12 answered. But still, surgery won't happen until 13 after they're 18. 14 Q If a patient, a minor patient, wants to have either 15 top or bottom surgery as a treatment, solely for 16 gender dysphoria, and wants to go out of state for 17 that, will Riley coordinate with a provider out of 18 state who's going to provide that when that – 19 again, when that patient's under the age of 18? 20 A What I would say is that if a patient transfers 21 their care to someone else and they request their 22 medical records, by law we will give them medical 23 records. And that's the extent of what we have 24 done. 25 If a patient is moving out of state and needs</p>

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<p style="text-align: right;">Page 53</p> <p>1 to be referred to another medical provider or</p> <p>2 something of that nature, we will help them land</p> <p>3 safely and have a safe transition, but we would not</p> <p>4 facilitate the purposes of getting the surgery less</p> <p>5 than 18. And I think it's because we believe that</p> <p>6 that is the practice that we should be providing.</p> <p>7 And so that's where we would stand on those</p> <p>8 questions.</p> <p>9 Q So what preparations is Riley making for the</p> <p>10 implementation of SEA 480?</p> <p>11 A So we have done a couple of different things. We</p> <p>12 have informed the families what the requirements of</p> <p>13 the bill will be and what that means for our</p> <p>14 clinic. And I know that our team has been meeting</p> <p>15 with a lot of families that have a lot of concerns</p> <p>16 about what happens to their child. And that</p> <p>17 includes, as you know, weaning off of the therapies</p> <p>18 that are medical if the – as the bill becomes law</p> <p>19 and gets enacted – I guess it is a law, but when</p> <p>20 it goes live, whatever you guys call that.</p> <p>21 They are aware, the families are being</p> <p>22 informed. They are being informed also that our</p> <p>23 gender affirmation clinic will remain and will</p> <p>24 support them with the ongoing psychological</p> <p>25 services and all the things that will still be</p>	<p style="text-align: right;">Page 55</p> <p>1 statute?</p> <p>2 A Well, in general – obviously not everyone reacts</p> <p>3 the same, but in general, they've been quite upset</p> <p>4 because they have been through a lot to get to this</p> <p>5 point on their journey, and now their journey is</p> <p>6 being disrupted and they're – in general, they're</p> <p>7 agitated, I would say, about it.</p> <p>8 Q Now, in Exh bit 14, and we don't need to see it</p> <p>9 again, I can just say that's the e-mail from Tory</p> <p>10 Castor. And she indicates that Riley has seen 903</p> <p>11 unique patients from 2018 to 2022. I apologize,</p> <p>12 the Riley gender clinic has seen 903 unique</p> <p>13 patients from 2018 through 2022.</p> <p>14 Do you remember her saying that?</p> <p>15 A I do.</p> <p>16 Q And I assume that a significant percentage of those</p> <p>17 patients have received or are receiving either</p> <p>18 puberty blockers or gender-affirming hormones; is</p> <p>19 that correct?</p> <p>20 A A good percentage, yes.</p> <p>21 Q I am wondering if – strike that. Excuse me.</p> <p>22 The statute that we are here on today covers,</p> <p>23 for some things, for all things, physicians and</p> <p>24 practitioners. And I will tell you practitioners</p> <p>25 are defined as individuals who provide health</p>
<p style="text-align: right;">Page 54</p> <p>1 allowed by law. So that's what we're doing to</p> <p>2 prepare.</p> <p>3 Q And anything else that you can think of in that</p> <p>4 regard?</p> <p>5 A No. We are supporting our physicians and what the</p> <p>6 impact that this will have on their practice. But</p> <p>7 other than that, I am not aware of anything else</p> <p>8 specifically we are doing.</p> <p>9 MR. FISHER: Well, I think that those are the</p> <p>10 questions I have for you, Doctor. Thanks very</p> <p>11 much. I will pass the witness to either</p> <p>12 Mr. Minkler or Mr. Fa k.</p> <p>13 MR. MINKLER: Yeah, I don't have any</p> <p>14 follow-up. So Mr. Fa k.</p> <p>15 MR. FALK: Yeah, thank you. I just have a</p> <p>16 few.</p> <p>17 EXAMINATION</p> <p>18 BY MR. FALK:</p> <p>19 Q Doctor, my name is Ken Fa k. I, along with my</p> <p>20 colleagues, are representing the plaintiffs in this</p> <p>21 case. As I said, I just had a few questions.</p> <p>22 Just to piggyback on your last comment about</p> <p>23 your staff meeting with a lot of concerned</p> <p>24 families, how have the families reacted to this –</p> <p>25 the July 1st impending effective date of the</p>	<p style="text-align: right;">Page 56</p> <p>1 services and hold a license. And I'm wondering if</p> <p>2 you can give me an estimate of the number of</p> <p>3 physicians and practitioners – I don't need names,</p> <p>4 but by job category – roughly, working at Riley</p> <p>5 gender care program right now; how many physicians</p> <p>6 are working in the program?</p> <p>7 A So I can't really answer that because the</p> <p>8 adolescent medicine division has a number of</p> <p>9 doctors in it. I don't know that they all provide</p> <p>10 care in the gender-affirming clinic. Some of them</p> <p>11 have different subspecialties within adolescent</p> <p>12 medicine. And that's true of endocrine. But, you</p> <p>13 know, it's between the doctors and the nurse</p> <p>14 practitioners and the psychologists, you're well</p> <p>15 over 20, 25 people easily.</p> <p>16 Q Thank you.</p> <p>17 One of the topics in Exh bit 2, which was that</p> <p>18 attachment of things to discuss during your</p> <p>19 deposition, concerned information provided to minor</p> <p>20 patients or to their parents or guardians</p> <p>21 concerning any coverage by Medicaid or medical</p> <p>22 insurance. And I just wanted to ask you a</p> <p>23 question, and you may not know. Are patients who</p> <p>24 are receiving services from the Riley gender health</p> <p>25 program, are some of them receiving services</p>



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<p>Page 57</p> <p>1 reimbursed by Medicaid?</p> <p>2 A Yes.</p> <p>3 Q And does that include the administration of puberty</p> <p>4 blockers and/or gender-affirming hormones?</p> <p>5 A It can, yes.</p> <p>6 Q And, of course, the visits themselves where those</p> <p>7 are administered; is that correct?</p> <p>8 A Yes.</p> <p>9 Q And just one more thing. One of the documents that</p> <p>10 was provided to the court reporter that was not</p> <p>11 made an exhibit –</p> <p>12 MR. FALK: Joannie, if you could bring up the</p> <p>13 Word version of the GAC Fact Sheet.</p> <p>14 Q And I will tell you, while that's being brought up,</p> <p>15 I believe this is the exact same text as Bates 3901</p> <p>16 through 3904, which is Exhibit 7, but I asked for</p> <p>17 this because the hyperlinks in this are active.</p> <p>18 So if you don't mind just looking at that real</p> <p>19 quickly, or as long as you want – although I</p> <p>20 suspect at this point you'd like this to be over –</p> <p>21 and just confirm for me that this appears to be the</p> <p>22 same as Exhibit 7 which were, as I said, Bates 3901</p> <p>23 through 3904.</p> <p>24 MR. FALK: And Joannie, we would make this</p> <p>25 Exh bit 17, is that where we are?</p>	<p>Page 59</p> <p>1 MR. FISHER: So I think probably, gosh, what</p> <p>2 is today? Can we get it by close of business</p> <p>3 tomorrow?</p> <p>4 THE REPORTER: Yes, I can do that.</p> <p>5 MR. FALK: We just need it expedited, but not</p> <p>6 that expedited.</p> <p>7 THE REPORTER: So when do you want yours?</p> <p>8 MR. FALK: By Monday would be great.</p> <p>9 (The deposition concluded at 10:28 a.m.)</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p>Page 58</p> <p>1 A It does look the same.</p> <p>2 Q Thank you.</p> <p>3 MR. FALK: And am I right with my notes, is</p> <p>4 this Exh bit 17?</p> <p>5 THE REPORTER: Yes.</p> <p>6 (Deposition Exh bit 17 marked.)</p> <p>7 MR. FALK: Let me just consult real quickly</p> <p>8 with my co-counsel.</p> <p>9 Thank you for your time, Doctor, and thank you</p> <p>10 for what you do. No further questions.</p> <p>11 THE WITNESS: Thank you.</p> <p>12 MR. FISHER: I have no follow-ups. Thank you,</p> <p>13 Doctor. Really appreciate it.</p> <p>14 THE WITNESS: Thank you.</p> <p>15 THE REPORTER: Do we want signature?</p> <p>16 MR. MINKLER: Can I review this document with</p> <p>17 Dr. Cox before that? The transcript. I just need</p> <p>18 a copy.</p> <p>19 THE REPORTER: Do you want a copy also or do</p> <p>20 you just want the original for signature?</p> <p>21 MR. MINKLER: I just want a copy. I just want</p> <p>22 to review it before signature.</p> <p>23 THE REPORTER: I have a rough draft for AG's</p> <p>24 office. I don't have a date on final. So when do</p> <p>25 you need final?</p>	<p>Page 60</p> <p>1 UNITED STATES DISTRICT COURT</p> <p>2 SOUTHERN DISTRICT OF INDIANA</p> <p>3 INDIANAPOLIS DIVISION</p> <p>4</p> <p>5 K.C., ET AL., )</p> <p>6 Plaintiffs, )</p> <p>7 -v- ) CASE NO.</p> <p>8 ) 1:23-cv-00595-JPH-KMB</p> <p>9 THE INDIVIDUAL MEMBERS OF )</p> <p>10 THE MEDICAL LICENSING BOARD )</p> <p>11 OF INDIANA, in their official )</p> <p>12 capacities, et al. )</p> <p>13 Defendants. )</p> <p>14 Job No. 181981</p> <p>15 I, ELAINE COX, M.D., state that I have read</p> <p>16 the foregoing transcript of the testimony given by me</p> <p>17 at my deposition on May 31, 2023, and that said</p> <p>18 transcript constitutes a true and correct record of</p> <p>19 the testimony given by me at said deposition except as</p> <p>20 I have so indicated on the errata sheets provided</p> <p>21 herein.</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>ELAINE COX, M.D.</p> <p>STEWART RICHARDSON &amp; ASSOCIATES</p> <p>Registered Professional Reporters</p> <p>One Indiana Square, Suite 2425</p> <p>Indianapolis, IN 46204</p> <p>(800)869-0873</p>

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<p>Page 61</p> <p>1 STATE OF INDIANA</p> <p>2 COUNTY OF HENDRICKS</p> <p>3</p> <p>4 I, Debbi S. Austin, a Notary Public in and for</p> <p>5 said county and state, do hereby certify that the</p> <p>6 deponent herein was by me first duly sworn to tell the</p> <p>7 tru h, the whole truth, and nothing but the truth in</p> <p>8 the aforementioned matter;</p> <p>9 That the foregoing deposition was taken on</p> <p>10 behalf of the Defendants; that said deposition was</p> <p>11 taken at the time and place heretofore mentioned</p> <p>12 between 9:01 a.m. and 10:28 a.m.;</p> <p>13 That said deposition was taken down in</p> <p>14 stenograph notes and afterwards reduced to typewriting</p> <p>15 under my direction; and that the typewritten</p> <p>16 transcript is a true record of the testimony given by</p> <p>17 said deponent;</p> <p>18 And thereafter presented to said witness for</p> <p>19 signature; that this certificate does not purport to</p> <p>20 acknowledge or verify the signature hereto of the</p> <p>21 deponent.</p> <p>22 I do further certify that I am a disinterested</p> <p>23 person in his cause of action; that I am not a</p> <p>24 relative of the attorneys for any of the parties.</p> <p>25</p>	
<p>Page 62</p> <p>1 IN WITNESS WHEREOF, I have hereunto set my</p> <p>2 hand and affixed my notarial seal this 1st day of</p> <p>3 June, 2023.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14 My Commission Expires:</p> <p>July 13, 2023</p> <p>15</p> <p>16 Job No. 181981</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	

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